

DECLARATION CONTINUED

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Lin. CHIEN HUI

Signature: 林千惠 Date February 5, 2004

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Third Joint Inventor (if any):

Citizenship: Taiwan, R.O.C.

Residence and Post Office Address:

Signature: _____ Date _____

Forth Joint Inventor (if any):

Citizenship: Taiwan, R.O.C.

Residence and Post Office Address:

DECLARATION

As the below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name and that I believe I am an original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

CAR DUST COVER

the specification of which

X is attached hereto.

— was filed on _____

as Application Serial No. _____ and was amended on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, Untied States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed: **NOT APPLICABLE**.

SEND CORRESPONDENCE TO:

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